

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M <u>0</u>	D <u>6</u>	Y <u>1906</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tony Frissora</u>						
Street Address <u>520 Preservation Ln.</u>			M <u>0</u>	D <u>6</u>	Y <u>2006</u>	Amount <u>100.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M <u>0</u>	D <u>6</u>	Y <u>2006</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Marij Kruse</u>						
Street Address <u>1733 White Rd.</u>			M <u>0</u>	D <u>6</u>	Y <u>2706</u>	Amount <u>100.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Teri Fowler</u>						
Street Address <u>7858 Iris Ct.</u>			M <u>0</u>	D <u>7</u>	Y <u>0306</u>	Amount <u>25.00</u>
City <u>Canal Winchester</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M <u>0</u>	D <u>7</u>	Y <u>1006</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."